



**Loughrea Rural Group Water Scheme  
Co-operative Society Ltd  
Aille, Loughrea, Co. Galway**

**Membership Application Form**

Account No.

Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

Address: \_\_\_\_\_ Loughrea, Co. Galway

Tel: (Landline) \_\_\_\_\_ Mobile: 08 - \_\_\_\_\_

I hereby apply to Loughrea Rural Group Water Scheme Co-operative Society Ltd for a water connection. I agree to abide by the rules of the Co-operative (a copy of which has been given to me). I also agree to pay the connection fee and any other charges as they become due.

I require the water supply at \_\_\_\_\_ for (please select **one** of the following)

- Domestic use only** (I will be residing in the house as my main residence and not carrying on a business from there)
- Agricultural use only** (It will not be used to supply water to any house)
- Domestic and Agricultural Use**
- Commercial use** (I will be carrying on a business from the house/premises)
- Site** – I intend to sell the site
- Site** – I intend to build a house and use it as my main residence
- Other** (please specify)

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**TO BE COMPLETED BY THE CO-OPERATIVE SOCIETY**

Sanctioned by the Group on: \_\_\_\_\_ Connected on: \_\_\_\_\_

Signed: \_\_\_\_\_ Meter No: \_\_\_\_\_

Location: \_\_\_\_\_ Map provided: Yes/No

Special conditions:

Date

/ /201

Receipt No.

Amount

€

**Loughrea Rural Group Water Scheme  
Co-operative Society Ltd  
Aille, Loughrea, Co. Galway**

**FORM A**

**Application for Ordinary Share and Water Connection by an Individual or  
Jointly**

I/We, the undersigned, hereby apply for

- i. Membership
- ii. One ordinary transferable Share of one Euro in the above named Society
- iii. A water connection at \_\_\_\_\_ at the  
location indicated on the attached map.

In respect of this application I/We agree to supply any further additional information and documentation required by the Committee/Board and to make any payments required by the rules and operating regulations of the Society and otherwise to be bound thereby.

**Signature of Applicant (s):** \_\_\_\_\_

**Occupation:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Witness: \_\_\_\_\_

Date: \_\_\_\_\_